

SERFF Tracking Number: ARKS-125635511 State: Arkansas
Filing Company: 10069 - Housing Authority Property Ins. Co. State Tracking Number: #4248 \$50
Company Tracking Number: AF-2008-3F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Commercial Output Program
Project Name/Number: /

Filing at a Glance

Company: 10069 - Housing Authority Property Ins. Co.

Product Name: Commercial Output Program SERFF Tr Num: ARKS-125635511 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #4248 \$50

Sub-TOI: 05.0003 Commercial Package Co Tr Num: AF-2008-3F State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Disposition Date: 05/12/2008
Date Submitted: 05/05/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal): 07/01/2008

State Filing Description:

7 Forms

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/12/2008
State Status Changed: 05/12/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

SERFF Tracking Number:	ARKS-125635511	State:	Arkansas
Filing Company:	10069 - Housing Authority Property Ins. Co.	State Tracking Number:	#4248 \$50
Company Tracking Number:	AF-2008-3F		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0003 Commercial Package
Product Name:	Commercial Output Program		
Project Name/Number:	/		

Filing Contact Information

NA NA,	NA@NA.com
NA	(123) 555-4567 [Phone]
NA, AR 00000	

Filing Company Information

10069 - Housing Authority Property Ins. Co.	CoCode: 10069	State of Domicile: Vermont
189 Commerce Court	Group Code:	Company Type: Property & Casualty
P. O. Box 189		
Cheshire, CT 06410-0189	Group Name:	State ID Number:
(203) 272-8220 ext. [Phone]	FEIN Number: 06-1206659	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: ARKS-125635511 State: Arkansas
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Company Tracking Number: AF-2008-3F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Commercial Output Program
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/12/2008	05/12/2008

SERFF Tracking Number:	ARKS-125635511	State:	Arkansas
Filing Company:	10069 - Housing Authority Property Ins. Co.	State Tracking Number:	#4248 \$50
Company Tracking Number:	AF-2008-3F		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0003 Commercial Package
Product Name:	Commercial Output Program		
Project Name/Number:	/		

Disposition

Disposition Date: 05/12/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125635511		Yes

SERFF Tracking Number:	ARKS-125635511	State:	Arkansas
Filing Company:	10069 - Housing Authority Property Ins. Co.	State Tracking Number:	#4248 \$50
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TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0003 Commercial Package
Product Name:	Commercial Output Program		
Project Name/Number:	/		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125635511 State: Arkansas
Filing Company: 10069 - Housing Authority Property Ins. Co. State Tracking Number: #4248 \$50
Company Tracking Number: AF-2008-3F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Commercial Output Program
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125635511

05/12/2008

Comments:

Attachment:

ARKS-125635511.pdf



**Housing Authority
Insurance Group**

189 Commerce Court
PO Box 189
Cheshire, CT 06410-0189

203-272-8220 or 800-873-0242
fax 203-271-2265
www.housingcenter.com

ARKS-125635511

LR

4248

50.00

April 25, 2008

The Honorable Julie Benafield Bowman
Commissioner
Arkansas Department of Insurance
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904

**Approved until withdrawn
or revoked**

MAY 12 2008

Arkansas Insurance Department

By: *LK*

Attn.: Bill Lacy
Director of Property & Casualty Division

**Re: AF-2008-3F
Housing Authority Property Ins Co.
NAIC #: 10069, FEIN: 06-1206659
Commercial Output Program
Forms and Endorsements**

RECEIVED

MAY 05 2008

**PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT**

Dear Sir or Madam:

Housing Authority Property Ins Co (HAPI) is submitting their initial adoption of the American Association of Insurance Services (AAIS) Commercial Output Program. HAPI is affiliated with AAIS for this line of insurance. Through this affiliation HAPI has given AAIS authority to file forms on their behalf. A copy of the signed Filing Authorization Form is attached.

With this filing, HAPI is adopting the current AAIS Commercial Output program forms and endorsements. An exhibit providing a list of the forms and endorsements being adopted with their AAIS filing number and applicable state file numbers is attached. The attached filing memo describes the independent changes being made. A copy of all the materials described for this filing are enclosed.

HAPI proposes to implement this filing effective **July 1, 2008**.

Under separate cover, in a filing identified as "AF-2008-3R" we have submitted the corresponding manual filing.

Should you have any questions concerning this filing, please do not hesitate to contact us.

Sincerely,

James Jean

James Jean

Product Development Analyst

800-873-0242, Ext. 413

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only Approved until withdrawn or revoked MAY 12 2008 Arkansas Insurance Department By: <i>LR</i>

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	<div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> MAY 05 2008
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	
PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT	

3. Group Name					Group NAIC #
					0000
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Housing Authority Property Ins Co	VT	10069	06-1206659		

5. Company Tracking Number	AF-2008-3F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
James Jean 189 Commerce Court Cheshire, CT 06410	Product Development Analyst	800-873-0242 Ext. 413		jjean@housingcenter.com
7. Signature of authorized filer				
<i>James Jean</i>				
8. Please print name of authorized filer		James Jean		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability			
10. Sub-Type of Insurance (Sub-TOI)	05.0003 Commercial Package			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Commercial Output Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New: 07/01/2008	Renewal: 07/01/2008		
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)	American Association of Insurance Services			
17. Reference Organization # & Title	Refer to AR COP Form Listing			
18. Company's Date of Filing	04/25/08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

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Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	AF-2008-3F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Re: AF-2008-3F
Housing Authority Property Ins Co.
NAIC #: 10069, FEIN: 06-1206659
Commercial Output Program
Forms and Endorsements

Housing Authority Property Ins Co (HAPI) is submitting their initial adoption of the American Association of Insurance Services (AAIS) Commercial Output Program. HAPI is affiliated with AAIS for this line of insurance. Through this affiliation HAPI has given AAIS authority to file forms on their behalf. A copy of the signed Filing Authorization Form is attached.

With this filing, HAPI is adopting the current AAIS Commercial Output program forms and endorsements. An exhibit providing a list of the forms and endorsements being adopted with their AAIS filing number and applicable state file numbers is attached. The attached filing memo describes the independent changes being made. A copy of all the materials described for this filing are enclosed.

HAPI proposes to implement this filing effective July 1, 2008.

Under separate cover, in a filing identified as "AF-2008-3R" we have submitted the corresponding manual filing.

Should you have any questions concerning this filing, please do not hesitate to contact us.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #:	4248
Amount:	\$50.00
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AF-2008-3F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AF-2008-3R
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Commercial Insurance Application	HAAP 00 01 03 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Commercial Output Program Application	HAAP 10 04 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Commercial Output Program Declarations	HACP 2001 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Public Housing Authority Endorsement	HACP 2005 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Housing Plus	HACP 2006 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Demolition and Debris Removal Costs Only	HACP 2007 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Water Damage Exclusion	HACP 2008 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT
FORM FILING ABSTRACT

Form F-1
Rev. 4/96

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 04/14/08
2. Company Name(s) Housing Authority Property Ins Co
Group Name _____ NAIC No. 10069 Group No. 0000
3. (a) Annual Statement Line of Business Number (Page 14) 05.0 Commercial Multi-Peril - Liability & Non-Liability
(b) Class of Business 05.0003 Commercial Package
© Coverages Affected Commercial Output
4. (a) Name of Advisory Organization, if any American Association of Insurance Services
(b) Affiliations with Advisory Organization: Member (☒) Subscriber (☐)
5. Is this a reference filing? Yes (☒) No (☐) If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) American Association of Insurance Services
(b) Date of Filing Refer to AR COP Form Listing
© Filing Designation Number or Description Refer to AR COP Form Listing

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Yes
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

James Jean
Signature
James Jean, CPCU, Product Development Analyst
Title
800-873-0242 Ext 413
Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
		HAAP 00 01 03 08	Commercial Insurance Application
		HAAP 10 04 01 08	Commercial Output Program Application
		HACP 2001 01 08	Commercial Output Program Declarations
		HACP 2005 01 08	Public Housing Authority Endorsement
		HACP 2006 01 08	Housing Plus
		HACP 2007 01 08	Demolition and Debris Removal Costs Only
		HACP 2008 01 08	Water Damage Exclusion



Filing Authorization Notification

Email: PatP@AAISonline.com

Line of Insurance: Commercial Output Program

Filing Authorization Effective Date: February 15, 2008

Company Name:	Housing Authority Property Insurance, A Mutual Co.
Company Address:	189 Commerce Court
	Cheshire, CT 06410-0189
NAIC# :	10069

Type of Notification	
X	Initial Filing Authorization
	Revised Filing Authorization
	Deleted Filing Authorization

The company identified above is an affiliate of the American Association of Insurance Services (AAIS) and elects to grant AAIS filing authority for Loss Costs, Rules, and/or Forms as indicated in the chart below. For those items that indicate filing authorization has been granted, please consider all currently filed and approved AAIS materials and any materials filed by AAIS in the future as filed on behalf of this company.

Filing Authorization Legend		
C= Current Authorization	A=Add Authorization	D=Delete Authorization

State	Loss Costs	Rules	Forms	State	Loss Costs	Rules	Forms
Alabama				Nevada**		Exempt	
Arizona				New Hampshire			
Arkansas*		Filing Authorization Not Available		New Jersey		A	A
California*	Filing Authorization Not Available			New Mexico			
Colorado*			Exempt	New York			
Connecticut		A	A	North Carolina			
Delaware				North Dakota			
District of Columbia				Ohio		A	A
Florida				Oklahoma			
Georgia		A	A	Oregon			
Idaho				Pennsylvania*			Exempt
Illinois**		Exempt	A	Rhode Island			
Indiana				South Carolina**		Exempt	
Iowa				South Dakota			
Kansas**		Exempt		Tennessee			
Kentucky				Texas*	Filing Authorization Not Available		
Louisiana				Utah			
Maine				Vermont		A	A
Maryland		A	A	Virginia	A	A	A
Massachusetts				Washington			
Michigan*			Exempt	West Virginia			
Minnesota***		Exempt		Wisconsin		A	A
Mississippi				Wyoming**		Exempt	
Missouri				Hawaii			
Montana				Alaska			
Nebraska				Puerto Rico			

* Loss Costs, Rules and/or Forms have been filed on an advisory basis. Affiliated companies must reference file to adopt.

**Forms are not subject to state filing requirements

***Rules are not subject to state filing requirements.

***Rules and Forms are not subject to filing requirements.

COP 2.01 is the most current program available for California and Oregon

This Authorization supersedes any previous Authorization and shall remain in effect until written notice of amendment or cancellation is filed by the undersigned or by the American Association of Insurance Services in your office.

Signed By: [Signature]
Title: Vice President
Date: 2-19-08

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS

LISTING OF FORMS AND ENDORSEMENTS REV 04 14 08

The forms and endorsements approved for use under this program may vary from state to state. This listing identifies the editions of forms and endorsements that apply in this state. An "x", if shown below, identifies an item that does not apply in most other states. Check the state-specific listing to determine the forms and endorsements approved for use in another state.

FORMS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CO 1000	10 02	04/01/03	Commercial Output Program - Property Coverage Part	AAIS-2002-57F-1	None
CO 1001	04 02	04/01/03	Commercial Output Program - Income Coverage Part	AAIS-2002-57F	None
CO 1003	04 02	04/01/03	Equipment Breakdown Coverage Part	AAIS-2002-57F	None
CO 1004	04 02	04/01/03	Spoilage Coverage Part - Scheduled Coverage	AAIS-2002-57F	None
CO 1005	04 02	04/01/03	Spoilage Coverage Part - Blanket Coverage	AAIS-2002-57F	None
CO 1006	04 02	04/01/03	Crime Coverage Part - Employee Fraud and Dishonesty - Money and Securities	AAIS-2002-57F	None
CO 1007	04 02	04/01/03	Crime Coverage Part - Loss Sustained	AAIS-2002-57F	None
CO 1008	04 02	04/01/03	Crime Coverage Part - Discovery Basis	AAIS-2002-57F	None

COMMON POLICY CONDITIONS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0100	03 99	04/01/03	Common Policy Conditions	AAIS-2002-57F	None
CL 0178	11 01 x	06/01/02	Amendatory Endorsement - Arkansas	AAIS-2001-79C	None

MANDATORY ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0700	10 06	04/01/07	Virus Or Bacteria Exclusion	AAIS-2006-67COM	AR-PC-06-022435
CO 0404	04 02 x	04/01/03	Amendatory Endorsement - Arkansas	AAIS-2002-57F	None

OTHER ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0600	01 08	02/04/08	Certified Terrorism Loss	AAIS-2008-4COPF	None
CL 0605	01 08	02/04/08	Certified Terrorism Loss Disclosure Of Premium And Federal Share Of Insured Losses	AAIS-2008-4COPF	None
CL 0610	01 08	02/04/08	Certified Act Of Terrorism Exclusion	AAIS-2008-4COPF	None

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS

LISTING OF FORMS AND ENDORSEMENTS REV 04 14 08

OTHER ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 1605	06 06	09/01/06	Certified Terrorism Loss Disclosure Of Premium And Federal Share Of Insured Losses	AAIS-2006-23COM	AR-PC-06-019784
CL 1630	06 06	09/01/06	Conditional Terrorism Exclusion	AAIS-2006-23COM	AR-PC-06-019784
CL 1650	06 06	09/01/06	Conditional Nuclear, Biological, And Chemical Terrorism Exclusion	AAIS-2006-23COM	AR-PC-06-019784
CL 2630	06 04	01/01/05	Terrorism Exclusion	AAIS-2004-53F	None
CL 2650	06 04	01/01/05	Nuclear, Biological, and Chemical Terrorism Exclusion	AAIS-2004-53F	None
CO 1050	03 05	06/01/05	Schedule of Coverages - Commercial Output Program	AAIS-2005-05F	AR-PC-05-013616
CO 1051	03 05	06/01/05	Schedule of Coverages - Commercial Output Program	AAIS-2005-05F	AR-PC-05-013616
CO 1052	04 02	04/01/03	Location Schedule	AAIS-2002-57F	None
CO 1053	04 02	04/01/03	Protective Devices Schedule - Crime Coverage	AAIS-2002-57F	None
CO 1054	04 02	04/01/03	Crime Schedule - Blanket Limits	AAIS-2002-57F	None
CO 1055	04 02	04/01/03	Crime Schedule - Scheduled Limits and Locations	AAIS-2002-57F	None
CO 1056	04 02	04/01/03	Crime Schedule - Covered Locations	AAIS-2002-57F	None
CO 1057	04 02	04/01/03	Crime Schedule - Specific Limits	AAIS-2002-57F	None
CO 1058	04 02	04/01/03	Crime Schedule - Single Limit	AAIS-2002-57F	None
CO 1059	04 02	04/01/03	Crime Schedule - Covered Locations	AAIS-2002-57F	None
CO 1060	04 02	04/01/03	Loss Payable Schedule - Crime Coverage	AAIS-2002-57F	None
CO 1061	10 07	05/01/08	Excluded Locations Schedule	AAIS-2007-96F	None
CO 1062	04 02	04/01/03	Earthquake Schedule	AAIS-2002-57F	None
CO 1063	04 02	04/01/03	Flood Schedule	AAIS-2002-57F	None
CO 1064	04 02	04/01/03	Vehicle Schedule	AAIS-2002-57F	None
CO 1065	04 02	04/01/03	Protective Devices Schedule	AAIS-2002-57F	None
CO 1066	04 02	04/01/03	Ordinary Payroll Exclusion Schedule - Additional Exemptions	AAIS-2002-57F	None
CO 1067	04 02	04/01/03	Ordinary Payroll Limitation Schedule	AAIS-2002-57F	None
CO 1068	04 02	04/01/03	Seasonal Leases Schedule	AAIS-2002-57F	None
CO 1069	04 02	01/03/08	Reporting Schedule	AAIS-2002-57F	None
CO 1069	10 07	05/01/08	Reporting Schedule	AAIS-2007-96F	None
CO 1070	04 02	04/01/03	Off Premises Utility Service Interruption Schedule	AAIS-2002-57F	None
CO 1071	04 02	04/01/03	Off-Site Server Schedule	AAIS-2002-57F	None
OTHER ENDORSEMENTS				AAIS File	State File

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS

LISTING OF FORMS AND ENDORSEMENTS REV 04 14 08

Number	Edition	Eff Date	Form Title	Number	Number
CO 1072	04 02	04/01/03	Loss Payable Schedule	AAIS-2002-57F	None
CO 1073	03 05	06/01/05	Equipment Breakdown Schedule	AAIS-2005-05F	AR-PC-05-013616
CO 1074	04 02	04/01/03	Spoilage Schedule	AAIS-2002-57F	None
CO 1075	04 02	04/01/03	Scheduled Locations - Spoilage Coverage	AAIS-2002-57F	None
CO 1076	04 02	04/01/03	Schedule of Dependent Locations - Separate Limits	AAIS-2002-57F	None
CO 1077	04 02	04/01/03	Functional Replacement Cost Schedule	AAIS-2002-57F	None
CO 1078	04 02	04/01/03	Expanded Definition of Employee -- Schedule	AAIS-2002-57F	None
CO 1079	11 03	01/01/04	Limited Fungus and Related Perils Schedule - Location Limit	AAIS-2003-43F	None
CO 1080	11 03	01/01/04	Limited Fungus and Related Perils Schedule - Blanket Limit	AAIS-2003-43F	None
CO 1081	11 03	01/01/04	Limited Fungus and Related Perils Schedule Location Limit - Equipment Breakdown	AAIS-2003-43F	None
CO 1082	11 03	01/01/04	Limited Fungus and Related Perils Schedule Blanket Limit - Equipment Breakdown	AAIS-2003-43F	None
CO 1083	10 07	05/01/08	Schedule Of Dependent Domestic And Foreign Locations	AAIS-2007-96F	None
CO 1084	10 07	05/01/08	Windstorm Or Hail Schedule	AAIS-2007-96F	None
CO 1085	10 07	05/01/08	Multiple Deductible Schedule - Scheduled Perils And Locations	AAIS-2007-96F	None
CO 1101	04 02	04/01/03	Expanded Definition of Employee	AAIS-2002-57F	None
CO 1103	04 02	04/01/03	Excluded Employees or Classes of Employees	AAIS-2002-57F	None
CO 1104	04 02	04/01/03	Designated Agents As Employees	AAIS-2002-57F	None
CO 1105	04 02	04/01/03	Trading Coverage - Employee Fraud and Dishonesty	AAIS-2002-57F	None
CO 1106	04 02	04/01/03	Territorial Limits Amended	AAIS-2002-57F	None
CO 1107	04 02	04/01/03	Designated Property Exclusion	AAIS-2002-57F	None
CO 1108	04 02	04/01/03	Designated Location Exclusion	AAIS-2002-57F	None
CO 1109	04 02	04/01/03	Designated Armored Vehicle Company Exclusion	AAIS-2002-57F	None
CO 1110	04 02	04/01/03	Retroactive Date Applicable to Named Insured - Discovery Basis	AAIS-2002-57F	None
CO 1111	04 02	04/01/03	Retroactive Date Applies to Designated Multiple Named Insured - Discovery Basis	AAIS-2002-57F	None
CO 1112	04 02	04/01/03	Retroactive Date Applies to Acquired Entity - Discovery Basis	AAIS-2002-57F	None

OTHER ENDORSEMENTS

Available

AAIS File

State File

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS

LISTING OF FORMS AND ENDORSEMENTS REV 04 14 08

Number	Edition	Eff Date	Form Title	Number	Number
CO 1113	04 02	04/01/03	Peak Season or Single Exposure Increase - Crime Coverage	AAIS-2002-57F	None
CO 1114	04 02	04/01/03	Loss Payable Options - Crime Coverage	AAIS-2002-57F	None
CO 1115	04 02	04/01/03	Protective Devices or Services Endorsement - Crime Coverage	AAIS-2002-57F	None
CO 1202	04 02	04/01/03	Expanded Restoration Period -- Extra Expense	AAIS-2002-57F	None
CO 1204	04 02	04/01/03	Income Coverage From Dependent Locations - Separate Limits	AAIS-2002-57F	None
CO 1220	10 07	05/01/08	Windstorm Or Hail Deductible	AAIS-2007-96F	None
CO 1221	04 02	04/01/03	Earthquake Endorsement	AAIS-2002-57F	None
CO 1223	04 02	04/01/03	Flood Endorsement	AAIS-2002-57F	None
CO 1225	04 02	04/01/03	Vehicle Coverage Endorsement	AAIS-2002-57F	None
CO 1227	05 02	04/01/03	Scheduled Locations Endorsement	AAIS-2002-57F-1	None
CO 1228	04 02	04/01/03	Property Excluded	AAIS-2002-57F	None
CO 1229	10 07	05/01/08	Named Storm Exclusion	AAIS-2007-96F	None
CO 1231	04 02	04/01/03	Reporting Conditions	AAIS-2002-57F	None
CO 1232	04 02	04/01/03	Loss Payable Options	AAIS-2002-57F	None
CO 1233	04 02	04/01/03	Premium Payments	AAIS-2002-57F	None
CO 1234	04 02	04/01/03	Multiple Deductible - Scheduled Perils	AAIS-2002-57F	None
CO 1235	04 02	04/01/03	Multiple Deductible - Scheduled Locations and Property	AAIS-2002-57F	None
CO 1236	04 02	04/01/03	Power, Heat, and Refrigeration Exclusion	AAIS-2002-57F	None
CO 1237	10 07	05/01/08	Multiple Deductible - Scheduled Perils And Locations	AAIS-2007-96F	None
CO 1238	04 02	04/01/03	Protective Devices Endorsement	AAIS-2002-57F	None
CO 1240	04 02	04/01/03	Ordinary Payroll Exclusion	AAIS-2002-57F	None
CO 1242	04 02	04/01/03	Ordinary Payroll Limitation	AAIS-2002-57F	None
CO 1247	04 02	04/01/03	Theft Exclusion	AAIS-2002-57F	None
CO 1248	04 02	04/01/03	Tuition Coverage	AAIS-2002-57F	None
CO 1250	04 02	04/01/03	Seasonal Leases	AAIS-2002-57F	None
CO 1254	04 02	04/01/03	Stated Value Endorsement	AAIS-2002-57F	None
CO 1264	04 02	04/01/03	Transit Backhaul	AAIS-2002-57F	None
CO 1270	04 02	04/01/03	Resident Agent Countersignature	AAIS-2002-57F	None
CO 1271	04 02	04/01/03	Monthly Limitation -- Income Coverage	AAIS-2002-57F	None
OTHER ENDORSEMENTS					
		Available		AAIS File	State File

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS

LISTING OF FORMS AND ENDORSEMENTS REV 04 14 08

Number	Edition	Eff Date	Form Title	Number	Number
CO 1277	04 02	04/01/03	Vacancy or Unoccupancy Coverage	AAIS-2002-57F	None
CO 1278	04 02	04/01/03	Earthquake Sprinkler Leakage	AAIS-2002-57F	None
CO 1279	04 02	04/01/03	Functional Replacement Cost Endorsement	AAIS-2002-57F	None
CO 1280	04 02	04/01/03	Property and Income Coverage Deductible	AAIS-2002-57F	None
CO 1281	04 02	04/01/03	Waiting Period -- Income Coverage	AAIS-2002-57F	None
CO 1282	04 02	04/01/03	Overseas Transit and Location	AAIS-2002-57F	None
CO 1283	04 02	04/01/03	Overseas Transit and Location - Property and Income Coverage	AAIS-2002-57F	None
CO 1284	04 02	04/01/03	Research and Development Projects -- Income Coverage	AAIS-2002-57F	None
CO 1286	04 02	04/01/03	Off Premises Utility Service Interruption - Coverage Limitation	AAIS-2002-57F	None
CO 1287	04 02	04/01/03	Installment Sales Coverage	AAIS-2002-57F	None
CO 1288	03 05	06/01/05	Peak Season Increase	AAIS-2005-05F	AR-PC-05-013616
CO 1289	04 02	04/01/03	Off-Site Server Coverage and Interruption of Web Site	AAIS-2002-57F	None
CO 1293	11 03	01/01/04	Limited Fungus and Related Perils Coverage	AAIS-2003-43F	None
CO 1294	11 03	01/01/04	Limited Fungus and Related Perils Coverage - Equipment Breakdown	AAIS-2003-43F	None
CO 1297	04 05	06/01/05	Joint Loss Agreement	AAIS-2005-05F-1	AR-PC-05-014181
CO 1298	10 07	05/01/08	Income Coverage From Dependent Domestic And Foreign Location	AAIS-2007-96F	None

NOTICES AND OTHER ITEMS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 1045	01 08	02/04/08	Policyholder Disclosure Notice Of Terrorism Insurance Coverage	AAIS-2008-4COPF	None

The notice(s) referenced above must be distributed to policyholders and/or applicants. Other notices may be required. Check state insurance law.

FILING MEMORANDUM

Housing Authority Property Insurance, A Mutual Company

Background

Housing Authority Property Insurance, A Mutual Company is a mutual insurance company owned by a number of public housing authorities throughout the country.

We are in the process of moving away from using policies fronted by other companies, relying on their insurance products. We are now in the process of filing our own insurance products.

Filing Overview: This filing consist of:

1. Adopting the Forms, Rates and Rules of American Association of Insurance Services (AAIS) Commercial Output Program (COP)
2. In addition to the AAIS COP forms, including state endorsements, we are filing the following 4 forms which are designed to meet the specific needs of public housing authorities.

FORM #	TITLE	PURPOSE	RATING
HACP 20 05 01 08	Public Housing Authority Endorsement	Provides changes required by U.S. Department of Housing and Urban Development, for all Public Housing Authorities under its administration. Will be attached to all policies.	No charge.
HACP 20 06 01 08	Housing Plus	Provides additional coverages designed for apartments, including Public Housing Authorities. Will be attached to all policies.	No charge.
HACP 20 07 01 08	Demolition and Debris Removal Costs Only	Provides limited coverage for buildings that the Insured has identified for future demolition, and as such, have no value other than demolition and debris removal costs above that which would have been incurred had the demolition occurred as planned.	
HACP 20 08 01 08	Water Damage Exclusion	Provides the option to exclude the peril of water damage. The AAIS COP policy is only available as 'special - open perils', not having a 'basic-named' peril choice. This optional endorsement will be available for use on policies covering older public housing projects which have on-going maintenance issues.	Remove any water damage losses from the calculation of the Normal Loss Basic Charge. Additional consideration can occur in Rule 4.1, Step 3.



Housing Authority Insurance Group

COMMERCIAL INSURANCE APPLICATION

Proposed Effective Date: _____

This Application (pages 1 – 5) must be completed with each submission, as it is the basis for all coverages that you request. We will accept ACORD Applications or the HUD Bid Form in lieu of this application. Please use a separate sheet of paper if additional space is needed. Contact your Underwriter if you need assistance completing these applications.

Non-Profit and For-Profit entities require a separate Housing Insurance Services application which is available from your underwriter.

Named Insured			
Mailing Address (Incl. State, Zip)			
E-Mail Address		FEIN #	
Phone #		Fax #	
Executive Director		Insurance Contact	
Inspection Contact		Billing Contact	
Agent		Mailing Address (Incl. State, Zip)	

1. Current Policy Information - COMPLETE ONLY IF YOU ARE A NEW HAI GROUP MEMBER

Coverage Provided	Carrier	Premium	Expiration Date
Property			
Liability			
Auto			
Public Officials			
Employee Benefits			

2. Claim History – COMPLETE ONLY IF YOU ARE A NEW HAI GROUP MEMBER

Provide the present value of all claims for the last 5 years. Include current carrier loss runs.

Coverage	Date of Loss	Description	Amount Paid	Amount Reserved

3. Additional Exposures – THIS SECTION MUST BE COMPLETED BY NEW AND RENEWAL MEMBERS

Indicate with an (x) those exposures present on your premises and whether operated by you or others.

Operated By		Exposures	Describe
You	Others*		
		Beauty Salon	
		Before/After School Care	
		Commercial Cooking Equipment **	
		Community Centers	
		Counseling Services	
		Day Care (adult or child) **	
		Demolitions Scheduled	
		Hope VI Projects	
		Liquor (serve or sell)	
		Medical or Substance Abuse Clinic	
		Mobile Home/Trailers	
		Office Space Rented to Others	
		Parking Garage	
		Pesticide or Herbicide Application *	
		Recreational Facilities (gymnasium, exercise equipment, playground)	
		Renovations Scheduled **	
		Resident Police Officer	
		Restaurant	
		Security Forces **	
		Sewage treatment facility	
		Shelter (homeless, domestic violence)	
		Special Events	
		Store/Market	
		Swimming Pools **	
		Tenant Patrols **	
		Underground Storage Tanks	
		Vacant Buildings	
		Vacant Land	
		Warehouse	
		Other (specify)	
		Other (specify)	

* Provide a certificate of insurance showing the contractor's insurance carrier and limits of liability. Advise if your agency is included as either an additional insured or if there is a hold harmless agreement in place.

** Complete Supplement

4. Services You Provide For Others – THIS SECTION MUST BE COMPLETED BY NEW AND RENEWAL MEMBERS

Indicate with an (x) only if you provide these services for others.

	Service	Describe
	Pesticide or Herbicide Application	
	Construction, Maintenance, Repair	
	Cleaning or Janitorial Service	
	Law Enforcement or Security Force	
	Other (specify)	
	Other (specify)	

5. Additional Information - THIS SECTION MUST BE COMPLETED BY NEW AND RENEWAL MEMBERS

a. Provide the total number of employees				
b. Provide the total number of volunteers				
c. What is your unit vacancy rate (use the figures that you report to HUD)				
d. Do you own any Non-Profit corporations? If yes, list	Yes		No	
e. Do you own any For-Profit corporations? If yes, list	Yes		No	
f. Do you have interest in any Limited Partnerships? If yes, explain	Yes		No	

6. Other Interests - THIS SECTION MUST BE COMPLETED BY NEW AND RENEWAL MEMBERS

a. List all Property Management companies hired by you, including name(s) and location(s) managed
b. Describe all Property Management services provided by you, for others, including name(s) and location(s) managed
c. List all entities which have an additional interest in your properties. (Additional Insured, Mortgagee, Loss Payee, Lessor, etc.) Include name, address of entity and applicable premises

RISK RETENTION GROUP - IMPORTANT NOTICE

This policy may be issued by a risk retention group formed under the Federal Risk Retention Act of 1986 and licensed in the State of Vermont. The Housing Authority Risk Retention Group, Inc. may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for a risk retention group.

FRAUD STATEMENT

COUNTRYWIDE (EXCEPT AS NOTED BELOW): Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

ALASKA - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA - Any person who knowingly and with intent to injure, defraud or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

HAWAII - For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

INDIANA - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

LOUISIANA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MINNESOTA - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA - Auto Only - Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

PENNSYLVANIA - All Other - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

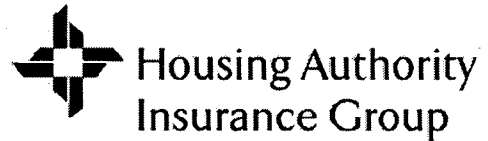
VIRGINIA - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE, TO THE BEST OF MY KNOWLEDGE.

Authorized Signature (required)	Print or Type Name	Title	Date

THIS SECTION MUST BE COMPLETED BY NEW AND RENEWAL MEMBERS



Commercial Output Program Application

Property Section

Named Insured	
---------------	--

1. Locations and Limits

You may use the Property Schedule on page 3, or submit your location information on a separate spreadsheet, using the information requested on the Property Schedule as a guide. For renewal policies, you may submit changes only.

Provide limits for **Building**, **Business Personal Property** and **Income** coverages.

2. Building Coverage (B)

a. Building

Includes on-premises radio/tv towers/antennas, fences, signs (attached/unattached) and foundations.

b. Historical Buildings

List buildings that are either designated as historical buildings or located in a designated Historical District (include name of Historical District)

3. Business Personal Property Coverage (BPP)

Includes the following within a single limit of insurance:

a. Property of Others

Property owned by your business, leased by your business for which you have a contractual responsibility to insure and property of others that is in your care, custody, or control.

These values must be added to the BPP location limits.

b. Computers

Computer Hardware, Software, Media and Data. This coverage includes \$25,000 for virus and hacking damage.

These values must be added to the BPP location limits.

c. Mobile Equipment

Construction, lawn maintenance and similar equipment, which is of a mobile nature.

These values must be added to the BPP location limits, but coverage applies anywhere in the Territorial Limits.

4. Accounts Receivable

Blanket Limit, each occurrence	\$
--------------------------------	----

5. Valuable Papers

Blanket Limit, each occurrence	\$
--------------------------------	----

6. Earthquake

Annual Aggregate Limit (sum of all losses during 1 year policy period)	\$
Provide details of prior earthquake damage	

7. Flood

Annual aggregate Limit (sum of all losses during 1 year policy period)	\$
Give details of prior flood damage	
Provide distances to nearby bodies of water, regardless of size	

8. Policy Deductible

Applies to all coverages, except Earthquake and Flood which have their own deductibles, and Income Coverage, which has a 3 day waiting period in place of a deductible	\$
--	----

(See Key Below)

[illegible]

F (Family), E (Elderly). If other that apartments, provide description.

Const.	Description of Building Construction Type
	F (Frame): Exterior walls are wood or some other combustible material. Includes brick/stone/stucco veneer, wood iron-clad, and stucco on wood.
	MJ (Masonry Joisted): Exterior walls are masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone tile. Floors and roof are combustible (disregarding floors directly on the ground).
	NC (Noncombustible): Exterior walls, floors and roof are constructed of, and supported by, metal, asbestos, gypsum, or other noncombustible materials.
	FR (Fire Resistive): Exterior walls, floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than 2 hours.
# of Units	Indicate the number of habitational units. If not all habitational units, indicate other occupancy.
Last Updated	Indicate the date(s) of the latest updating of the heating, electrical, plumbing and roofing for each building.
Coverage Item	B (Building), BPP (Business Personal Property), EREE (Earnings, Rents and Extra Expense), EEE (Earnings and Extra Expense), REE (Rents and Extra Expense), EE (Extra Expense only)
Valuation	ACV (Actual Cash Value), RC (Replacement Cost), F (Functional Replacement Cost)

Equipment Breakdown Section

(Boiler and Machinery)

1. Locations and Commercial Property Values

See Property Schedule for locations and limits.

2. Coverages

Property Damage Limit	\$
Business Income Limit	\$
Deductible	\$

3. Boilers

Indicate locations with boilers and pressure vessels:

4. Power Generating

Advise if you have any power generating equipment, including emergency generating equipment, over 1,000 KW. If yes, please provide details on each unit.	Yes		No	
---	-----	--	----	--

5. Claims

Provide details of losses in the last 5 years.

6. Inspection Contact

Name	
Phone Number	

Commercial Crime Section

1. Locations

See Property Schedule for locations.

2. Coverages, Limits, Deductibles

Coverage	Limit	Deductible
Employee Fraud and Dishonesty		
Money and Securities		
Computer Fraud		
Counterfeit Money (includes money orders)		
Forged Credit Card Written Instruments		
Forged Checks		

3. Banking Practices

Provide name and position of person(s) who reconciles the monthly bank statement				
Advise if these same persons are authorized to withdraw	Yes		No	
Advise if these same persons are authorized to deposit	Yes		No	

4. Check Signing Practices

Advise if checks are countersigned	Yes		No	
Provide limit for which countersignature is required				
If countersignature is not required, advise name and position of signer				

5. Annual Audit

Advise who performs annual audits. Include name of CPA
--

6. Claims

Provide details of prior fidelity, forgery, or burglary/robbery losses, including corrective measures taken

7. Employees

Total number of employees	
For Public Housing, provide number of Board members.	
Total number of employees handling money, including collecting rent payments	

8. Rent Payments

Describe procedures for rent payments. Include use of lock box, numbered receipts, and forwarding to main office

9. Maintenance Contracts

a. Advise if the "on-site" manager is responsible for maintenance	Yes		No	
b. If yes, does this person have authority to contract for services	Yes		No	
c. If yes, describe scope of authority, including types and amounts of contracts				



**Housing Authority
Insurance Group**

**COMMERCIAL OUTPUT PROGRAM
DECLARATIONS**

ISSUE DATE:

POLICY NUMBER:

COMPANY	AGENT or BROKER
----------------	------------------------

NAMED INSURED:	
MAILING ADDRESS:	

POLICY PERIOD:	FROM	TO	12:01 A.M. STANDARD TIME
AT YOUR MAILING ADDRESS			

IN RETURN FOR YOUR PAYMENT OF THE REQUIRED PREMIUM, WE PROVIDE THE COMMERCIAL LIABILITY COVERAGE DURING THE POLICY PERIOD.

BUSINESS DESCRIPTION

MORTGAGE HOLDER NAME AND MAILING ADDRESS:	LOCATIONS ADDRESS
--	--------------------------

FORMS APPLICABLE TO ALL COVERAGES:

PREMIUM: \$ _____	PAYABLE: _____
--------------------------	-----------------------

This company has executed this policy, but it is valid only if countersigned by our authorized representative.

Company Officers Signatures

Countersigned:

President

By

Secretary

Date

PUBLIC HOUSING AUTHORITY ENDORSEMENT

As specified below, this endorsement amends the provisions of the Commercial Output Program.

1. Cancellation Change

For other than non-payment of premium, any cancellation provision, which prescribes less than 60 days prior notice when we decide to cancel this policy, is changed to 60 days.

Until the policy has been approved by the Department of Housing and Urban Development, cancellation will be processed on a Pro-Rata basis. If the first Named Insured cancels the policy after it has been approved by the Department of Housing and Urban Development, cancellation will be processed on a less than Pro-Rata basis.

2. Davis-Bacon Act

The following modifies coverage applying to buildings and structures:

In the event of covered loss or damage to buildings or structures, we will apply the provisions of the Davis-Bacon Act, as amended (40 U.S.C. 276a-5), to all contracts for repair or replacement of the damaged property in excess of \$2,000. The applicability of prevailing wage rates shall be determined by the Regional Labor Relations Officer.

3. Mistake in Description

Any unintentional error in the description of a premises location address, description of property covered, or description of your business operations will not impair this insurance, provided you report the error to us as soon as the error becomes known to you.

4. Property Limits of Insurance

The following modifies coverage applying to buildings and structures:

Any provision (sometimes referred to as a margin clause or a pro rata distribution clause), that automatically distributes a blanket limit of insurance in proportion to the total value of all locations, or otherwise places a limitation on the amount of recovery for individual locations, is deleted.

5. Tenant's Personal Property

In no event will this policy pay for loss or damage to personal property belonging to:

- a. Residents or tenants and their guests; or
- b. Resident or tenant councils or organizations.

6. Vacancy

The provisions for Vacancy-Unoccupancy under Other Conditions do not apply to direct physical loss, without regard to the length of time a location is vacant or unoccupied.

Any provision which restricts coverage on buildings or structures which are vacant or unoccupied is deleted.

HACP 2005 01 08

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PLEASE READ THIS CAREFULLY.

HOUSING PLUS

The following amends the provisions of the
Commercial Output Program - Property Coverage
Part.

SUPPLEMENTAL COVERAGES

1. In **Fire Department Service Charges**, the \$25,000 limitation for the amount "we" pay is deleted. This means that payments under this coverage are included within full "limit" of the covered property involved in the fire department's service call.

2. The following Supplemental Coverages are added:

a. **Housing Additional Property Insurance**

"We" pay for direct physical loss of or damage to Business Personal Property caused by a covered peril.

The most "we" pay in any one occurrence under this Supplemental Coverage is \$25,000. but not more than \$5,000 for computer laptops, notebooks, handhelds and similar equipment.

This "limit" is in addition to any other "limit" for Business Personal Property.

- b. **Key and Lock Replacement** - In the event that your keys or master keys, are lost, or damaged by a covered peril, "we" pay the necessary costs to:

- 1) provide new keys;
- 2) lock adjustment made necessary for new keys; and
- 3) replace locks or lock cylinders.

The most "we" will pay in any one occurrence under this Supplemental Coverage is \$5,000.

The most "we" pay for all covered losses under this Supplemental Coverage during each separate 12-month period of this policy is \$25,000. We will pro-rate this amount for Policy Periods different than 12 months.

The Deductible applicable to this Coverage Extension is \$500.

c. **Money**

- 1) "We" cover loss caused by "theft", disappearance, or destruction of "money", "securities", bullion, and lottery tickets that "you" own, hold, or for which "you" are legally liable, while:

- a) inside buildings at "covered locations" or premises of a bank; or
- b) while in transit to "covered locations" or banks, in the custody of your authorized employees.

The most "we" will pay in any one occurrence under this Supplemental Coverages is:

- a) \$10,000 while inside buildings at "covered locations" or banks; and
- b) \$5,000 while in transit to "covered locations" or banks, in the custody of your authorized employees.

As respects this Supplemental Coverage, an occurrence means an act or event or a series of related acts or events without regard to the number of persons involved in causing the loss.

- 2) "We" cover loss caused by:

- a) your acceptance in good faith of:
 - i) money orders issued by any post

office, express company or bank that were not paid upon presentation; and

ii) counterfeit currency, meaning imitations of actual valid currency intended to deceive and be taken for the original.

b) Forgery or alteration of any check, draft, promissory note, bill of exchange or similar promise of payment in "money" that you issued or was issued by someone impersonating you.

The most "we" pay in any one occurrence under this Supplemental Coverage is \$5,000.

d. Tenant Move Back

In the event of direct physical loss or damage to property at "covered locations", that is caused by or resulting from a covered peril, and such loss or damage requires that your tenants move to a temporary location, we will pay for the following expenses that you incur to move those tenants back:

(1) Packing, transporting and unpacking of tenant's property; and

(2) The net cost to reestablish the tenants' utility and telephone services, after any refunds due to the tenants;

but only such expenses that you incur within 60 days of the date that the damaged premises has been repaired or rebuilt.

The most we will pay under this Coverage Extension at each "described premises" is \$15,000.

HACP 2006 01 08

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Named Insured:

Policy Number:

Effective:

DEMOLITION AND DEBRIS REMOVAL COSTS ONLY

(The entries required to complete this endorsement will be shown below or on the "schedule of coverages".)

SCHEDULE

Limit of Insurance	\$25,000.
Description of Buildings (including address)	

ADDITIONAL DEFINITION

"Demolition and debris removal costs only" means the:

1. The cost to remove debris of damaged building property; and
2. The cost to demolish and remove undamaged parts of the building.

COVERAGE

1. If there is a covered peril to the Buildings described in the Schedule above, we pay "demolition and debris removal costs only".
2. This Coverage does not apply to:
 - a. Costs to extract "pollutants" from land or water; or
 - b. Costs to remove, restore or replace polluted land or water.
3. These costs will be paid only if they are reported to us in writing within 180 days of the date of direct physical loss or damage.

VALUATION

Demolition and Debris Removal Cost Only - The value of the Building property, described in the Schedule above, will be based on the "demolition and debris removal cost".

PERILS COVERED

For coverage under this endorsement, covered peril means the following, but only if these perils are not excluded or limited elsewhere in this policy:

1. Fire;
2. Lightning;
3. Explosion;
4. Windstorm or Hail,
5. Smoke;
6. Aircraft or Vehicles; and

7. Riot or Civil Commotion.

HOW MUCH WE PAY

The most "we" pay for these "demolition and debris removal cost" in one occurrence is \$25,000. This is the only "limit" that applies to the Buildings described in the Schedule.

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Named Insured:

Policy Number:

Effective:

WATER DAMAGE EXCLUSION

(The entries required to complete this endorsement will be shown below or on the "schedule of coverages".)

SCHEDULE

Applicable to the following "covered locations":

ADDITIONAL DEFINITION

As used in this endorsement, "water damage" means:

1. the discharge or leakage of water, steam, or other material, however caused, from any:
 - a. plumbing, heating, air conditioning or other system or appliance; or
 - b. downspout, drain, gutter or similar fixture or equipment; or
2. the entrance of rain, snow, sleet or ice, whether driven by wind or not, unless the building first sustains damage by a covered peril to the roof or walls which allows the rain, snow, sleet or ice to enter.

Water damage is deleted from the Definition of "specified perils".

PERILS EXCLUDED

The following is added to Exclusions, but applies only to the locations indicated in the schedule.

Water Damage - "We" do not cover loss caused by directly or indirectly by "water damage". Such loss or damage is excluded regardless of other causes or events that contribute to or aggravate the loss, whether such causes or events act to produce the loss before, at same time as, or after the excluded causes or events.

SUPPLEMENTAL COVERAGES

The Sewer Backup and Water Below the Surface Supplemental Coverages are deleted.

OTHER COVERAGES

The Tearing Out and Replacing Other Coverage is deleted.

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